

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Apr 21, 2008 8:00 am
Secretary of State

03-17-2008 90259 049 ***138.75

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DOCUMENT # L07000101474					
1. Entity Name BOZEL, LLC					
Principal Place of Business 21218 ST-ANDREWS BOULEVARD, SUITE 509, BOCA RATON FL 33433			Mailing Address 21218 ST-ANDREWS BOULEVARD, SUITE 509, BOCA RATON FL 33433		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 75-3255873				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SPEARHEAD LIMITED, INC 21218 ST-ANDREWS BLVD, SUITE 509, BOCA RATON, FL 33433			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent's signature required when registering)					
FILE NOW!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State					
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SPEARHEAD LIMITED, INC 21218 ST-ANDREWS BLVD, SUITE 509, BOCA RATON FL 33433	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete			
10. ADDITIONS / CHANGES					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition				
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u><i>John Parinque</i></u> FEBRUARY 5, 2008 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					